Periscope.

By LOUISE FISKE-BRYSON.

TUMOR OF THE CORPUS CALLOSUM.

The "American Journal of Medical Sciences," June, 1890, contains Henry J. Berkley's observations upon this rare condition. Gowers and Seeligmüller are the only recent writers who have touched upon the subject. There are, however, scattered through different journals, twelve cases recorded by Mills (1), Glæser (3), Maguire (1), Bristowe (4), and Bruns (3). There are present in this condition no pathognomonic symptoms that can actually refer to the corpus. Headache and mental dulness are the most frequent, but no inference can be drawn from them. Optic neuritis is rather important, existing in about a third of the cases. Other symptoms are hemi-paresis, paraparesis, muscular stiffness, vomiting, and epileptiform attacks.

INSOMNIA AND ITS TREATMENT.

This is the title of an admirable editorial in the "Medical and Surgical Reporter" of March 22, 1890. The wise physician at once gives up the thought of routine treatment when it is a question of insomnia, giving to etiology and therapy most careful consideration. The pressing need for this has elicited contributions from many able writers, notably two recent papers—that of Jastrowitz in the "Berliner klinische Wochenschrift," July 3, 1889, and that of Krafft-Ebing in the "Wiener klinische Wochenschrift," 1890. The causes of sleeplessness are in many instances difficult to determine. As yet, the causes of sleep are not known. The mechanical theory is the most probable, that sleep is produced by anæmia of the brain; but this is by no means certain. Cerebral anæmia may be the result of sleep, not its cause. A dynamic theory has been advanced, according to which sleep results from the resting of portions of the brain that preside over consciousness and volition. Preyer's chemical theory accounts for sleep on the ground that tired muscle produces some toxic substance that acts upon the brain.

The most frequent cause, probably, of obstinate insomnia is brain overwork and nerve overstrain, whether through work or worry. Still more powerful than overwork is the exercise of the emotions, of whatever nature. While the mind should be at rest, it is instead entertaining multitudinous sensations of fear, hope, anger, revenge, and the like. If these causes persist, insomnia becomes habitual. Closely allied to this kind of sleeplessness is that depending on actual mental and nervous disease. Great fatigue is also a cause of wakefulness, as are fevers, anæmia, malnutrition, *mania à potu*, and coffee, tea, and tobacco. The insomnia of uræmia, often an early symptom of Bright's, may be included with last.mentioned four forms as toxic insomnia. Inability to sleep may be a secondary condition, as when pain, cough, palpitation, polyuria and thirst prevent normal rest. A frequent cause—if it can be styled a cause—is old age. With this extended group of diverse etiological factors, proper treatment is seen to be a matter of greatest difficulty. The acting cause must, of course, be removed at once. Work, theatre-going, thrilling romances, the entertaining of company, the use of tea, coffee, and tobacco, must be forbidden as evening indulgences. The application of water is often useful, and bodily exercise before retiring. Certain individuals are unable to sleep when reclining, but drop asleep readily when sitting up. While feasting often murders sleep, the sensation of an empty stomach is by no means conducive to repose. A glass of hot milk and a cracker or two half an hour before going to bed may often help to woo tired nature's sweet restorer.

Another requisite is that sleep should be solicited. The patient must spend a quiet evening, go to bed in a cold and darkened room, exclude company, relax the muscles by proper position, and make a firm and persistent effort to go to sleep, regardless of any impolse to move, whatever its cause. Great effort is often necessary to follow this injunction. Whether it is that the intense concentration of mind on the one purpose acts as does hypnotism is not known, but the result is that sleep will often come surprisingly soon. The feet should not be cold, as this greatly interferes with sleep. Massage, electricity, and hypnotism are distinctly useful. In excessive bodily or mental fatigue, Lauder Brunton gives strychnine at night, in the effort to bring the nervous system from the conditions of over-fatigue to simple fatigue, and thus induce sleep.

First in the list of drugs that produce sleep stands opium and its preparations. It is, however, rather a narcotic than a hypnotic, and is not to be recommended in most cases. Chloral is still the most powerful hypnotic and is rarely called for. Chloralamid now attracts great attention. It is certainly useful, and less apparently dangerous than chloral. As its action on the heart and respiration is not yet positively determined, it must be used with caution. Paraldehyde, amyline hydrate, sulphonal, hyosine and cannabis indica (see "British Medical Journal") suggest themselves as useful hypnotics.

A GROUPING OF THE VARIOUS FORMS OF INSANITY.

In M. Allen Starr's book, "Familiar Forms of Nervous Disease," Frederick Peterson has a chapter on insanity, in which occurs the following simple and natural grouping of mental alienation that serves most admirably the requirements of student and general practitioner:

I. Defect of Brain—
  (*a*) Idiocy.
  (*b*) Imbecility.
  (*c*) Feeble-mindedness.
  (*d*) Psychical degeneracy (paranoia).
II. Diseases of Brain—
  (*a*) Mental depression (melancholia).
  (*b*) Mental exaltation (mania).
  (*c*) Mental enfeeblement (dementia).
  (*d*) General paresis (dementia paralytica).

RESTRICTION IN THE VISUAL FIELD IN SYRINGO-MYELIA.

"Médecine Moderne," July 17, 1890, notes the fact that Déjerine and his pupil, Tuilant, have begun some researches upon this subject, and have found changes in the field of vision in five cases out of seven. In each case the field for green is the most restricted. In vary degree, and not permanently, the other zones present abnormities.

PSYCHOSES FOLLOWING INFUENZA.

In the "Annales Medico-Psychologiques," July, 1890, Ladame, of Geneva, presents some interesting facts upon this subject. The febrile diseases in which most frequently are observed psychoses of convalescence, or asthenic psychoses, are acute articular rheumatism, pneumonia, variola, intermittent fever, typhoid fever, scarlatina; and exceptionally, measles and pertussis. Psychoses following influenza were scarcely recognized prior to the recent pandemic, though Bonnet, of Bordeaux, observed a case of violent mania following grippe in 1837, and Crichton-Browne cites a case of acute dementia after influenza in 1874. Deli-